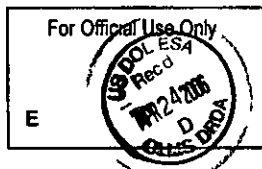


# FORM LM-30

## LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P L 86 257 as amended Failure to comply may result in criminal prosecution fines or civil penalties as provided by 29 U S C 439 or 440



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

1 File Number U <b>25395</b>	2 Fiscal Year Covered From <b>1</b> / <b>1</b> / <b>2005</b> Through <b>12</b> / <b>31</b> / <b>2005</b>
3 Name and address of person filing Name <b>Don</b> <b>E</b> <b>Hursey</b>  P O Box Bldg Room No if any <b>Ste 917</b>  Street <b>1401 Boren Ave</b>  City <b>Seattle</b>  State <b>Washington</b> ZIP Code + 4 <b>98101</b>	4 Name file number and address of labor organization Name <b>IAM District 160</b>  Labor Organization File Number <b>014-024</b>  P O Box Building and Room Number if any <b>2nd Floor</b>  Street <b>9135 - 15th Pl S</b>  City <b>Seattle</b>  State <b>Washington</b> ZIP Code + 4 <b>98108</b>
5 Position in labor organization <b>Directing Business Representative</b>	

Enter appropriate data below if during the past fiscal year you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions)

A Held an interest in engaged in transactions (including loans) with or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent	
6 Name and address of Employer (including trade name if any) Name _____ Trade Name if any _____ P O Box, Bldg Room No if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	7 a Nature of Interest, Transaction or Income _____  7 b Amount _____

Signature

15 Signature and verification The undersigned declares under penalty of Perjury and other applicable penalties of the law that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is to the best of the undersigned's knowledge and belief true correct and complete (See the section on penalties in the instructions)		
Signed <u><b>Don E Hursey</b></u>	On <u><b>3-31-06</b></u> Date	<u><b>206 764 0473</b></u> Telephone Number

B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

## 8 Name and address of Business (including trade name if any)

Name Welfare and Pension Admin Services Inc

Trade Name if any WPAS Inc

P O Box Bldg Room No if any Ste 300

Street 2815 - 2nd Ave Ste 300

City Seattle

State Washington ZIP Code + 4 98121

## 9 Business deals with

☒ a Labor Organization☐ b Trust☐ c Employer

## 10 If 9 b or 9 c is checked give trust or employer's name

Name Automotive Machinists Pension Trust

Trade Name if any

P O Box Bldg Room No if any Ste 300

Street 2815 - 2nd Ave Ste 300

City Seattle

State Washington ZIP Code + 4 98121

## 11 a Nature of such dealing

6/11 - 6/16 I F E B P Seminar

## 11 b Approximate dollar value of such dealing

## 12 a Nature of interest held or income received

Meals &amp; Lodging

## 12 b Amount.

\$1 073

C Received from any employer (other than an employer covered under parts A and B above)  
or from any labor relations consultant to an employer any payment of money or other thing of value

13 a Name and address of Employer or Labor Relations Consultant  
(including trade name if any)

Name

Trade Name if any

P O Box Bldg Room No if any

Street

City

State ZIP Code + 4

## 14 a Nature of payment

13 b Is the Business an Employer ☐ or Consultant ☐ ?

## 14 b Amount of payment

## Part B Continuation Page

B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

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Trade Name if any WPAS Inc

P O Box Bldg Room No if any Ste 300

Street 2815 - 2nd Ave Ste 300

City Seattle

State Washington ZIP Code + 4 98121

## 9 Business deals with

☒ a Labor Organization☐ b Trust☐ c Employer

## 10 If 9 b or 9 c is checked give trust or employer's name

Name Automotive Machinists Pension Trust

Trade Name if any

P O Box Bldg Room No if any Ste 300

Street 2815 2nd Ave Ste 300

City Seattle

State Washington ZIP Code + 4 98121

## 11 a Nature of such dealing

6/11 -6/16 I F E B P Seminar

## 11 b Approximate dollar value of such dealing

## 12 a Nature of interest held or income received

Airfare and Automobile mileage

## 12 b Amount

\$271

## Part B Continuation Page

B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

## 8 Name and address of Business (including trade name if any)

Name Welfare &amp; Pension Admin Services Inc

Trade Name if any WPAS Inc

P O Box Bldg Room No if any Ste 300

Street 2815 - 2nd Ave Ste 300

City Seattle

State Washington ZIP Code + 4 98121

## 9 Business deals with

☒ a Labor Organization☐ b Trust☐ c Employer

## 10 If 9 b or 9 c is checked give trust or employer's name

Name Automotive Machinists Pension Trust

Trade Name if any

P O Box Bldg Room No if any Ste 300

Street 2815 - 2nd Ave Ste 300

City Seattle

State Washington ZIP Code + 4 98121

## 11 a Nature of such dealing

5/23-5/25 Trust Meeting

## 11 b Approximate dollar value of such dealing

## 12 a Nature of interest held or income received

Mileage Meals and Lodging

## 12 b Amount

\$378